

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> TELEPHONE NO. <i>(Optional):</i> FAX NO. <i>(Optional):</i> ATTORNEY FOR <i>(Name):</i>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<p style="text-align: center;">PROOF OF SERVICE (Elder or Dependent Adult Abuse) (CLETS)</p>	CASE NUMBER:

PERSONAL SERVICE

Instructions to Petitioner: After having the respondent personally served with a copy of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Give the original to the clerk for filing. Neither the petitioner nor the respondent, nor any person protected by these orders, can serve the papers.

1. I served a copy of the following documents *(check the box before the title of each document you served)*:
 - a. ☐ *Petition for Protective Orders (Elder and Dependent Adult Abuse) (CLETS)*
 - b. ☐ *Order to Show Cause and Temporary Restraining Order (Elder and Dependent Adult Abuse) (CLETS)*
 - c. ☐ *Blank Response to Petition for Protective Orders (Elder and Dependent Adult Abuse) (CLETS)*
 - d. ☐ *Other (specify):*

2. Person served *(name)*:

3. By personally delivering copies to the person served, as follows:
 - a. Date:
 - b. Time:
 - c. Address:

4. At the time of service I was at least 18 years of age, not a party to this action, and not a protected person in any of the orders.

5. My name, address, and telephone number are *(specify)*:

6. If applicable, the county where I am registered as process server and my registration number are *(specify)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 _____ (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)	_____ (SIGNATURE)
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(Proof of service by mail on reverse)